

Provisional Psychologist License Requirements:

This license **applies only** to persons earning experience in Nebraska towards the Psychology license. You must have:

- A doctoral degree in psychology that meets the standards of accreditation adopted by the American Psychological Association (APA) or evidence to demonstrate equivalency to APA.
- Completed a 1-year APA accredited internship or equivalent.
- A designated supervisor who is a Nebraska licensed psychologist.

For more information, visit our website at: <http://dhhs.ne.gov/Licensure/Pages/Psychology.aspx>

Checklist of Required Documents: You must submit:

1. **US Citizenship/Lawful Presence** (must also be at least 19 years old):

U.S. Citizen, a PHOTOCOPY of one of the following:

- Birth Certificate (Hospital issued keepsake birth certificates cannot be accepted).
- U.S. Passport (unexpired or expired).
- Certificate of Naturalization.
- Other documents that show U.S. Citizenship.

A Driver's License is NOT acceptable.

NOT a U.S. Citizen, a PHOTOCOPY of one of the following:

- Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
- Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa; or
- Employment Authorization Card **AND**
 - An approved deferred action status (DACA);
 - A pending application for asylum in the United States;
 - A pending or approved application for temporary protected status in the United States; or
 - A pending application for adjustment of status to that of an alien lawfully admitted for permanent Residence in the United States or conditional permanent resident status in the United States.

NOTE: Documents (other than those for U.S. Citizenship) are verified by our office through the Department of Homeland Security. This process may take up to 30 days.

2. **Criminal Background Check:** You need to submit fingerprints and a processing fee to the Nebraska State Patrol. See attached instructions.
3. **Transcript:** You must have your school or electronic transcript service submit **directly to our office** an official college or university transcript. If sending by e-mail, send to dhhs.licensure2117@nebraska.gov. We do not accept copies of transcripts sent electronically to the applicant.

Doctoral Degree: If NOT APA Accredited: You must submit the 'Program Equivalency Criteria'; download at: <http://dhhs.ne.gov/Licensure/Documents/APAProgramEquivCriteria.pdf>

Internship: If NOT APA Accredited: You must submit the 'Verification of Internship in Psychology' **directly from the supervisor/internship director along with the internship equivalent document**; download at: <http://dhhs.ne.gov/Licensure/Documents/PsychInternEquivApp.pdf>

Information Relating to Military Education, Training, or Service:

If you have completed education, training, or service that you believe is substantially similar to the education or training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.

4. **Other Licensing Information:** If you hold or have held a credential to provide health related services in a state **other than Nebraska**, submit verification of the license(s) (even if that license is no longer current).
- Disciplinary Action:** If your license was disciplined, you must submit a copy of all disciplinary action documents.

5. **Conviction Information:** If you have **EVER** had a misdemeanor or felony conviction, you are required to list ALL convictions (regardless of when they occurred) on the application; you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor/felony convictions.

If you have convictions, **you must submit:**

- A copy of the court record for each conviction;
- Your explanation of the events leading to each of the convictions (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;
- If currently on probation, a letter from your probation officer addressing the terms and current status of your probation.

NOTE: To assist the Board and Department in review of any drug and/or alcohol conviction(s), if you had an alcohol and drug evaluation and/or completed treatment, the treatment provider must submit all evaluations/discharge summaries directly to the Department.

The following provides SOME examples of convictions; this is NOT a complete list	
<ul style="list-style-type: none"> • MIP/ Tobacco Use by Minor • DUI / DWI • Controlled Substance • Open Container • Shoplifting / Theft / Burglary • Unauthorized use of a Financial Transaction • Disturbing the Peace • Assault / Prostitution • Disorderly Conduct / Disorderly House • Reckless Driving 	<ul style="list-style-type: none"> • Driving under Suspension / Revocation • License Vehicle without Liability Insurance • Fail to Appear in Court • False Information or Reporting • Leave the Scene of an Accident • Operator not Carrying License • Unlawful Display of Plates/Renewal tabs • Park Rule Violation / Curfew Violation • Dog at Large / Fail to Vaccinate Animal • Littering / Fireworks / Bad Check

6. **Fee: \$50**

Pay by check/money order (your cancelled check is your proof of receipt); debit or credit card is not accepted.

Any documents written in a language other than English must include a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his or her own documents.

Application Review: All applications are reviewed in date order received.

- If your application **is missing information**, you will be contacted **by e-mail** within approximately 10 days; the e-mail will list the information that is required to complete your application. You have 90 days to complete your application; if not completed within this 90 days, your application will be closed and all documents destroyed. A new application will then be required.
- If your application **is complete**, you will receive **a license in the mail** within approximately 10 days.

Records Retention Schedule: When your license is issued, your application and documents will be kept by the Department for 5 years; then all documents will be destroyed. We encourage you to keep a copy of your application for your records.

DO NOT USE WHITE OUT ON YOUR APPLICATION. If you do, it will be returned to you.

Contact Information: Licensure Unit, 301 Centennial Mall South, P.O. Box 94986, Lincoln, Nebraska 68509-4986
 Telephone: 402-471-4920 / FAX: 402-471-3577 / E-Mail: dhhs.licensure2117@nebraska.gov

Additional Information

License Requirements: To obtain a provisional license, you must:

1. Have a doctoral degree from a program of graduate study in professional psychology that:
 - a. Is accredited by the American Psychological Association; **OR**
 - b. Meets the standards of accreditation adopted by the American Psychological Association by completing the Equivalency Document found at: <http://dhhs.ne.gov/Licensure/Documents/APAProgramEquivCriteria.pdf>
2. Have completed a 1-year internship, which:
 - a. Is accredited by the American Psychological Association; **OR**
 - b. Meets the standards of accreditation adopted by the American Psychological Association as follows:
 - (a) Is at least 12 months in length and includes completion of at least 1,500 hours obtained in not more than 24 months. School psychology internships may be 10 months in length;
 - (b) The purpose of the internship is to train psychologists for the independent provision of direct psychology services;
 - (c) It is directed by a Licensed Psychologist;
 - (d) It is sequentially organized (progressively increases levels of responsibility and skills);
 - (e) Requires 4 hours of supervision per week, 2 of the 4 hours must be individual face-to-face with 2 or more supervising licensed psychologists on-site;
 - (f) Must include positions for 2 or more psychology interns;
 - (g) The transcript must show completion of practicum prior to entering the internship; and
 - (h) The psychology staff must include a minimum of 3 on-site supervising licensed psychologists.

Internship Equivalency Document found can be found at:
<http://dhhs.ne.gov/Licensure/Documents/PsychInternEquivApp.pdf>
3. Be of good character and be at least 19 years old.
4. Be a citizen of the United States, an alien lawfully admitted into the United States or a nonimmigrant lawfully present in the United States.
5. Have arranged for supervision by a Psychologist (a special licensed psychologist cannot supervise).
6. Have completed a criminal background check.

Supervisor: The supervisor must:

1. Hold a current unrestricted Nebraska license as a psychologist;
2. Co-sign all clinical documentation; and
3. Meet with you for at least 1 continuous hour per week on a regularly scheduled basis. These meetings may include face-to-face consultation or interactive video, but must ensure confidentiality of the conversation. In the case of geographical or confirmed physical hardship, the Board may consider variance in the frequency of supervision sessions providing that a minimum of 4 hours per month of face-to-face supervision is maintained.

A **primary supervisor may supervise up to 4 individuals** holding either a provisional psychology license or a provisional mental health practitioner license.

Supervision: The supervisor and applicant must comply with the supervisory requirements set out in 172 NAC 155-002. Supervision is a professional relationship in which a licensed psychologist assumes full legal and professional responsibility for the work of the supervisee. The purpose of supervision is to provide training to assist the supervisee to achieve full licensure

Termination of Supervision: If a supervisor of a provisional licensee terminates supervision, s/he must immediately notify the Department in writing of the date of termination. The Department will record said termination date in the record.

Change of or Additional Supervisor(s): If a change in or additional supervisor(s) occurs, the provisional licensee must file an application with the Department which reflects the change in supervisor reflects. You can find this application at: <http://dhhs.ne.gov/licensure/Pages/psychology.aspx>

Hours: A provisional licensee must complete 1,500 or more hours in total duration, including 1,000 or more hours of direct service hours earned in not more than 24 months.

Re-issue: The provisional license may be re-issued one time, upon approval by the Board and submission of a new application.

Examination: Once you have been issued a provisional license, you are eligible to register for the EPPP and State Jurisprudence examinations. To register for these examinations, obtain testing dates and other testing information, please review the examination information found at: <http://dhhs.ne.gov/licensure/Pages/Psychology.aspx>

INSTRUCTIONS FOR CRIMINAL BACKGROUND CHECKS

Criminal background checks are NOT expedited for any reason

Fingerprints are required to be eligible for a Provisional Psychology license and a Psychology license in Nebraska.

The Nebraska State Patrol will not process your request for a criminal background check until you have paid the required fee to the State Patrol and the Licensure Unit has received your application.

Please read and follow these instructions carefully to avoid delays in processing.

Even if you have recently obtained a criminal background check for another state or another license, you MUST obtain a new criminal background check for the license you are currently applying for in Nebraska.

Completing the Fingerprint Card:

1. **Fingerprint Cards:** Fingerprint cards are available at any State Patrol office or law enforcement agency in NEBRASKA. If you live in another state, contact your local law enforcement agency. You may also contact the Licensure Unit at 402-471-2299 and cards can be mailed to you.
2. **DO NOT FOLD THE FINGERPRINT CARDS.**
3. **Information to be completed on the Fingerprint Card:**
 - a. Print your full name, address with zip code, *Social Security Number, date and place of birth, and other information as requested. **DO NOT sign the fingerprint cards until** the law enforcement officer has verified your signature with the form of identification that you provided. **DO NOT write in the field labeled ORI.**

**Social Security Number: If you do not have a United States Social Security Number, you must provide in the "Miscellaneous No: MNU" section a Government issued identification number, a "consulate" number or a Passport Number. Please indicate the type of number provided.*
 - b. In the box labeled "**Reason Fingerprinted**" PRINT '**Psychology 38-131**'. Each license applied for requires an individual background check so if applying for the provisional license, you will be required to be re-fingerprinted when you apply for the full psychology license.

Photo ID:

Take one form of photo ID with you when getting your fingerprints. Acceptable forms of ID include a driver's license, visa, passport or other document showing that you are legal in the U.S.

FEE: \$45.25

There are 2 ways to pay for fingerprint processing:

1. **Credit Card/E-Check:** Pay \$45.25 by credit card at www.ne.gov/go/nsp. This is an internet pay site through PayPort. Credit/debit card OR checking account and routing information will be required. A small transaction fee will be added to your payment. For some payments, selection of eCheck will give you a discount on your transaction fee.

The website will ask you to select the type of payment you are making. Under 'transaction type' you need to choose 'EMS'. You will then need to enter the applicant's name, date of birth and the last 4 digits of social security number. If a company is paying for an applicant; the applicant's information needs to be entered on this page. The second page of the website will ask for information about the payer, which may or may not be the applicant.
2. **Check or Money Order:** Payment of \$45.25 must be mailed directly to: **Nebraska State Patrol, ATTN: CID, 3800 NW 12th ST, STE A, Lincoln NE 68521**. In the MEMO section of the check, print the name of the applicant and 'PSY fingerprinting' (example: Jordan Jones – PSY fingerprinting).

The Nebraska State Patrol does not charge an additional fee for the service of taking your fingerprints. However, other law enforcement agencies in Nebraska or in other states may charge a fee.

Fingerprinting Process:

There are 2 ways to capture your fingerprints:

- Live Scan: Live Scan is available at all Nebraska State Patrol locations listed below and the fingerprints are captured electronically. The Nebraska State Patrol does not accept Live Scan prints from other states at this time. If you are out of state and have Live Scan prints, you will need to request that your fingerprints be printed out onto cards.
- Ink and Paper Finger Prints: Applicants outside of Nebraska or at an office other than the below listed State Patrol offices have traditional ink and paper fingerprinting.

Offices of the Nebraska State Patrol and the Days/Hours that Fingerprinting is Conducted	
Troop A 4411 S 108th ST Omaha NE 68137 Phone: 402-331-3333	Monday- Friday 8:00 a.m. to 4:00 p.m. (walk-in only)
Troop B 1401 Eisenhower AVE Norfolk NE 68701 Phone: 402-370-3456	Monday – Thursday 8:30 a.m. to 4:00 p.m. (appointment required)
Troop C 3431 Old Potash Highway Grand Island NE 68801 Phone: 308-385-6000	Tuesdays 9:00 a.m. to 4:00 p.m. Wednesdays 8:30 a.m. to 4:00 p.m. Thursdays 9:00 a.m. to 1:30 p.m. (appointment required)
Troop D 300 West South River Rd North Platte NE 69103 Phone: 308-535-6604	Monday - Thursday 8:00 a.m. to 4:00 p.m. (appointment required)
Troop E 4500 Avenue I Scottsbluff NE 69361 Phone: 308-632-1211	Monday – Thursday 8:00 a.m. to 4:00 p.m. (appointment required)
Troop H Investigative Services Center 3800 NW 12th ST STE A Lincoln NE 68521 Phone: 402-479-4971	Monday - Friday 8:00 a.m. to 4:00 p.m. (appointment required)

Where do you send the fingerprint cards?

You must send all fingerprint cards to the following address:

Criminal Identification Division (CID)
3800 NW 12th ST STE A
Lincoln NE 68521

Criminal Background Check Notification: Pursuant to Neb. Rev. Stat. §38-131 (provided below), an applicant for an initial license where a criminal background check is required by an interstate licensure compact shall be subject to a criminal background check. Applicants are able to receive any national criminal history record that may pertain to them directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and may then freely disclose any such information to whomever they choose. Applicants must authorize the dissemination of any national criminal history record that may pertain to them to the Department of Health and Human Services (DHHS) when applying for licensure. Applicants are entitled to challenge the accuracy and completeness of any information contained in any such report and will be provided a copy of the criminal history background report, if any, received if they appear at the DHHS in person and present proper identification. Information on how to challenge an applicant's federal report can be found at FBI.gov. To challenge an applicant's Nebraska state record, contact the Nebraska State Patrol-Criminal Identification Division. Applicants may obtain a prompt determination as to the validity of their challenge before the DHHS makes a final decision about their application for licensure.

Neb. Rev. Stat. §38-131: **Criminal background check; when required.** (1) An applicant for an initial license to practice as a registered nurse, a licensed practical nurse, a physical therapist, a physical therapy assistant, **a psychologist**, an advanced emergency medical technician, an emergency medical technician, or a paramedic or to practice a profession which is authorized to prescribe controlled substances shall be subject to a criminal background check. A criminal background check may also be required for initial licensure or reinstatement of a license governed by the Uniform Credentialing Act if a criminal background check is required by an interstate licensure compact. Except as provided in subsection (3) of this section, the applicant shall submit with the application a full set of fingerprints which shall be forwarded to the Nebraska State Patrol to be submitted to the Federal Bureau of Investigation for a national criminal history record information check. The applicant shall authorize release of the results of the national criminal history record information check to the department. The applicant shall pay the actual cost of the fingerprinting and criminal background check. (2) This section shall not apply to a dentist who is an applicant for a dental locum tenens under section 38-1122, to a physician or osteopathic physician who is an applicant for a physician locum tenens under section 38-2036, or to a veterinarian who is an applicant for a veterinarian locum tenens under section 38-3335. (3) An applicant for a temporary educational permit as defined in section 38-2019 shall have ninety days from the issuance of the permit to comply with subsection (1) of this section and shall have his or her permit suspended after such ninety-day period if the criminal background check is not complete or revoked if the criminal background check reveals that the applicant was not qualified for the permit. Effective Date: July 19, 2018

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Notification and Record Challenge

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.

APPLICATION PROVISIONAL PSYCHOLOGY LICENSE

FEE: \$50

(Make payable to: Licensure Unit)

NOTE: Provisional licenses expire 2 years from the date of issuance or upon receipt of a license to practice, whichever occurs first.

You must complete all sections of this application

SECTION A: PERSONAL INFORMATION

1	You must print your Legal Name below			
	First:	Middle:	Last Name:	
	List any other names you are or have ever been known as (AKA), including maiden name and your last name on your birth certificate			
2	Address:	Street/PO/Route:		
		City:	State or Country:	Zip:
3	Date of Birth (Month/Day/Year):		Place of Birth (City/State or COUNTRY):	
4	Phone #: (optional)*		E-Mail Address:	
	* phone number and e-mail is optional, but providing this information will speed up communication with you			
5	Social Security Number:			
	If you are not a U.S. Citizen, list A# or I-94#:	Alien Registration Number ("A#"):	I-94#:	
<p><u>Neb. Rev. Stat.</u> §§38-123 and 38-130 requires you to provide your social security number to DHHS. Although your number is not public information, DHHS may share your social security number for child support enforcement or other administrative purposes and provide it to the Department of Revenue or the Department of Labor.</p>				
6	Have you ever been denied the right to take a license examination in any state? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If yes, please explain.			

SECTION B: SUPERVISOR'S PERSONAL INFORMATION

SUPERVISOR MUST BE LOCATED IN NEBRASKA

If the **primary supervisor is a psychologist**, s/he can only supervise up to a combined total of 4 provisional licensed mental health practitioners and/or provisional licensed psychologists.

1	Supervisor's Name:	First:	Middle:	Last:
	License #:		Business Telephone #: OPTIONAL	
2	Supervisor's Name:	First:	Middle:	Last:
	License #:		Business Telephone #: OPTIONAL	

NOTE: YOUR TRANSCRIPT MUST be sent to the Department directly from the issuing institution.

SECTION C: DEGREE RECEIVED				
You must have received (conferred) a doctoral degree from a program of graduate study in professional psychology from an institution of higher education. The degree must be obtained from a program of graduate study in psychology that meets the standards of accreditation adopted by the American Psychological Association (APA). Any applicant from a doctoral program in psychology that does not meet such standards shall present a certificate of retraining from a program of respecialization that does meet such standards.				
1	Last Name on Transcript:			
2	Institution Name:			
3	Institution Address:	Street/PO/Route:		
		City:	State: Zip:	
4	Graduation Information:	Date (month/day/year):	Degree: Major:	
		Is the program of graduate study in psychology accredited by the American Psychological Association (APA)?		Yes <input type="checkbox"/> No <input type="checkbox"/>
		If the program is not APA accredited, name the accrediting body:	Name:	
If the program is <u>NOT</u> accredited by APA, you must complete the program equivalency criteria form http://dhhs.ne.gov/licensure/Documents/APAProgramEquivCriteria.pdf				

Information Relating to Military Education, Training, or Service: If you have completed education, training, or service that you believe is substantially similar to the education or training required for this credential while you were a member of the military, you may submit such evidence with your application for review. Military is defined as the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state.

SECTION D: INTERNSHIP EXPERIENCE			
If your internship was <u>NOT</u> APA accredited, you must also submit ATTACHMENT 1 to verify this information. An applicant is required to have completed a 1-year internship meeting the standards of accreditation adopted by the American Psychological Association			
1	Name of Facility where Internship completed:		
	Name of the internship program:		
2	Address:	Street/PO/Route:	
		City:	State: Zip:
3	Internship Dates:	From (m/d/y):	To (m/d/y):
4	Supervisor Name:	First:	Middle/MI: Last:
5	Supervisor Credentials:	State/Jurisdiction Licensed:	Type of License: License Number:
6	Was the internship APA approved? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If the internship is <u>NOT</u> accredited by APA, you must submit evidence that the internship meets the standards of accreditation adopted by APA and YOU MUST COMPLETE THE INTERNSHIP EQUIVALENCY FORM http://dhhs.ne.gov/licensure/Documents/PsychInternEquivApp.pdf and complete and submit Attachment S-1			
7	Below, provide a brief statement of the services you provided during your internship: _____ _____		

SECTION E: CONVICTION AND LICENSE INFORMATION

Failure to list any conviction(s) or disciplinary action(s), regardless of when the action occurred, could result in disciplinary action.

CONVICTION INFORMATION: You must list ALL misdemeanor or felony convictions (regardless of when they occurred or whether you previously listed them on a prior application); you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor and felony convictions.

1	Have you EVER been convicted of a misdemeanor or felony?	Type of Crime	Date of Action	Name of Court Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

The following provides <u>SOME</u> examples of convictions; this is <u>NOT</u> a complete list	
<ul style="list-style-type: none"> • MIP/ Tobacco Use by Minor • DUI / DWI • Controlled Substance • Open Container • Shoplifting / Theft / Burglary • Unauthorized use of a Financial Transaction • Disturbing the Peace • Assault / Prostitution • Disorderly Conduct / Disorderly House • Reckless Driving 	<ul style="list-style-type: none"> • Driving under Suspension / Revocation • License Vehicle without Liability Insurance • Fail to Appear in Court • False Information or Reporting • Leave the Scene of an Accident • Operator not Carrying License • Unlawful Display of Plates/Renewal tabs • Park Rule Violation / Curfew Violation • Dog at Large / Fail to Vaccinate Animal • Littering / Fireworks / Bad Check

NOTE: If you have any criminal charges or credential disciplinary actions pending that result in a conviction or credential discipline, you are required to report such action to the Investigative Unit **within 30 days of the conviction or disciplinary action.** Reporting forms can be obtained at: <http://dhhs.ne.gov/Pages/Investigations.aspx> or by phone **402-471-0175**.

LICENSE INFORMATION: The following questions relate to a license that you currently hold or have held to provide health related services (such as nursing, counselor, etc.) in a state **other** than Nebraska.

1	Have you ever been denied a credential? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain:		
2	What state(s) are/were you credentialed in?	What type of credential(s) do you hold or have you held?		
3	If you hold/held a credential, has your credential ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	Type of Licensure Action	Date of Action	Name of Entity Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
If you have disciplinary charges pending or if your credential has been revoked, suspended, limited, is on probation or disciplined in any way, please contact the state(s) taking the action and request a copy of the disciplinary action be sent to the Nebraska Licensure Unit.				

SECTION F: PRACTICE PRIOR TO LICENSE

If you practice in Nebraska without a Nebraska license, you are subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or other action as provided in the statutes and regulations.

No.

I **have NOT** practiced psychology in Nebraska without out a Nebraska license before submitting this application?

Yes.

I **have** practiced psychology in Nebraska without a Nebraska license before submitting this application?

If yes, what are the actual number of days you practiced in Nebraska without a license and what is the business name, location and telephone number of the practice:

Number of days:
Name of Business:
City:
Telephone #:

SECTION G: ATTESTATION

For the purpose of meeting Neb. Rev. Stat. §4-108 through §4-114 and §38-129, I **attest that**:
(check only **ONE** of the boxes below)

I am a citizen of the United States.

OR

I am a qualified alien under the Federal Immigration and Nationality Act.

I am a nonimmigrant lawfully present in the United States.

Check this box if you are **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

I further attest that:

1. I have read the application or have had the application read to me; and
2. I am of good character and all statements on this application are true and complete.

Print Name: _____

Signature: _____

Date: _____

Licensure Unit
 301 Centennial Mall South - P.O. Box 94986
 Lincoln, Nebraska 68509-4986
 402-471-4920 dhhs.licensure2117@nebraska.gov

THE FOLLOWING MUST BE COMPLETED AND SIGNED BY THE SUPERVISOR(S)

SECTION H: PLAN OF SUPERVISION:

Supervision is a professional relationship in which a licensed psychologist assumes full legal and professional responsibility for the work of the supervisee. The purpose of supervision is to provide training to assist the supervisee to achieve full licensure.

Supervision is a professional relationship in which a licensed psychologist has oversight responsibility for the psychological work of an individual not licensed as a psychologist.

In cases involving oversight of individuals completing the postdoctoral experience, individuals who have been issued a special license to practice psychology, or persons with a master's degree in psychology, a supervisor may supervise up to four (4) individuals. Supervision shall be reflected on all documentation by a co-signature of the supervisor.

The supervisory relationship shall be agreed to in writing prior to its commencing and shall provide for a level of contact appropriate to the supervisee's experience and training. All clients shall be advised of this supervisory relationship.

1	Frequency of Supervision:			
2	Type of Supervision:			
3	Duration of Supervisory Contact:			
4	Description of how supervision will take place:			
5	Who will provide supervisory backup when you are out of town or unavailable for weekly appointments?			
	Name:		License #:	
	Address:	Street/PO/Route		
		City:	State:	Zip:

Attestation:

I, _____ am the supervisor referred to in this application and that the statements
 (Name of Supervisor)

regarding the plan of supervision are true and complete.

 (Signature of Supervisor)

_____ date



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Licensure Unit
 301 Centennial Mall South - P.O. Box 94986
 Lincoln, Nebraska 68509-4986
 402-471-4920
dhhs.licensure2117@nebraska.gov

**Complete this form only if your Internship was
NOT APA Accredited**

**VERIFICATION OF INTERNSHIP IN
 PSYCHOLOGY**

This form must be completed by the Internship Director and submitted to the Department directly from the Internship Director.

I, _____ verify that _____ has completed a
 (Director's Name) (Applicant's Name)

<input type="checkbox"/> full-time	<input type="checkbox"/> part-time	internship under my direction for _____ hours of supervision per week, during the following time period:	
Date Began(month/day/year):		Date Ended (month/day/year):	
The internship must be at least a full calendar year in duration (365 days) (i.e.: start date is 8/25/2014 and end date is 8/24-25/2015)			
and earned _____ total hours of experience.			
Name of Internship Program:			
Name of On-site Supervisor:			
Name of Facility where Internship was completed:			
Address:		Street/PO:	
		City:	State: Zip:

1	Did the applicant participate in at least 4 hours of supervision per week? If no, please provide an explanation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Were at least 2 of the 4 hours provided as individual face-to-face supervision? If no, please provide an explanation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Was this supervision provided by at least 2 or more licensed psychologists? If no, please provide an explanation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Nature of services provided by applicant:		
5	Describe the interaction which occurred between interns and applicant:		

6	Describe the range of supervised experience by the applicant in:		
	Assessment:		
	Intervention:		
	Research into the applications of psychology:		

7	Staff names, degrees, state of licensure/certification and license/certification number:			
	Name	Degree	State of Licensure	License Number

8	Describe the patient population of the facility:

Other Comments

Signature of Director

License Number

(OPTIONAL) Telephone Number